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"NEC TENUI PENNA."

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VACCINATE AND REVACCINATE.

Our English contemporaries with one accord admit that "what looks very like a smallpox epidemic is now raging in London."

In one locality alone there are more than three hundred cases under treatment, while in others new pest-houses must be built to meet existing necessities. Close and ill-ventilated quarters in various parts of the city form hotbeds of infection, which keep the disease alive and in a condition to spread far and wide. "The authorities are apathetic and sanitary inspection is a farce."

In the face of all this danger the anti-vaccination societies are getting in their work. Vaccination being compulsory is submitted to with doubtful grace, but revaccination meets with stubborn resistance. By means of public meetings and the free circulation of anti-vaccination literature the prejudice of the ignorant is wrought up to a menacing pitch. There have already been outbreaks of violence, and mob-law threatens to disarm the sanitary authorities and turn the city over to pestilence and death.

With a view of counteracting the influence exerted by these enemies of the public good, and neutralizing the effect of their pernicious literature, the National Health Society has issued a pamphlet calling attention to the prophylactic power of vaccination, insisting upon revaccination, and giving a number of facts which can not fail to

carry conviction to all who will give them an unprejudiced hearing. Twenty thousand copies of this pamphlet have been circulated, and many more are ready to be sent out.

This publication makes it plain that vaccination is the only available means of protection against smallpox; that with due care in the performance of the operation no risk of injurious effects from it need be run; that before its discovery the mortality from smallpox was forty times greater than it is now; that since vaccination has become compulsory in England the death-rate from smallpox is one half what it was in the previous sixteen years; that in the London Smallpox Hospital the records show a rate of mortality of less than one per cent for well-vaccinated persons against a rate of thirty-five per cent for the unvaccinated; and that the degree of protection is in direct proportion to the thoroughness of the vaccination.

Is it not strange that in the very land of its origin vaccination should find its most bitter enemies; and that, coupled with their senseless opposition, there should exist such indifference on the part of those intrusted with the carrying out of this sanitary measure that a smallpox epidemic is not only made possible, but that its horrors are again likely to be visited upon London? Truly, "the mills of the gods grind slowly."

On this side of the Atlantic vaccination is certainly held in better favor, and its beneficent claims are for the most part accepted as a verity. But there begin to appear on our horizon the ominous fringes of that

transatlantic cloud, whose black shadow may yet force sweep over the land. New York can boast an anti-vaccination society; and though no respectable opposition to vaccination is to be found among the molders of our professional thought, we now and then see ridiculous diatribes denouncing the measure in the columns of eclectic medical journals and gratuitously-circulated pamphlets.

Our sanitary boards are not over-zealous in seeing to it that the unwashed shall not be allowed peaceably to breed and circulate smallpox; and it is among the possibilities of the time, to say the least, that we may yet have a taste of that bitter potion which our brethren across the sea are now forced to swallow.

Before the discovery of vaccination smallpox was more "terrible than an army with banners." Cholera and plague found lines beyond which they could not pass. Not so with smallpox. No altitude, no isothermal line could mark the limit of its march. It overstepped all bounds, it scaled the loftiest heights; it blew its pestilential breath into the most salubrious and otherwise secure retreats of men, and laid its loathsome blight upon the fairest forms. Jenner came forward with his great antidote, and under its protecting power the civilized world has for more than a century enjoyed comparative immunity from the ravages of this disease. Medical philosophers have believed that, properly applied, the remedy would annihilate the pest, and have ceased to speak of a smallpox epidemic except as a thing of the past.

It now begins to look as if this might be an illusion, and we are called upon to face the ugly fact that ignorance, indifference, and misguided judgment can in one community at least cripple the wise in the carrying out of protective measures, and so open the way for a general onslaught of the disease.

Perhaps a visitation of smallpox, such as punished the inhabitants of medieval times, when it depopulated cities and spread deso-

lation over the nations, will be necessary to bring the people of these days to a full recognition of their duty in the matter of vaccination.

It is not enough to know, we must *do* our duty. Knowledge may keep the mind in healthy exercise, and lead us to build theories and devise schemes for the promotion of sanitary science, but nothing short of that wisdom gained by experience from under the scourging hand of the pestilence will impel us to put them into effective practice. New Orleans was content to abide in filth, and Memphis to dwell upon the banks of an open sewer, till yellow fever had terribly punished the one and wrought ruin to every interest of the other.

MILK-ADULTERATION.—The milkmen of Scotland seem just now to be in luck. According to the British Medical Journal, a dairyman of Glasgow recently adulterated, or rather reduced, his commodity fifty-six per cent by skim-milk. Some one bought about three pennyworth of this milk, and, suspecting crookedness, had it analyzed. The offender was brought to justice, but escaped punishment through the smartness of his attorney, who was able to make the law so read that the purchaser must state that he desires for analytical purposes all or a part of the milk bought. That is, as the law stands in Glasgow, it is criminal to adulterate milk intended for the chemist's laboratory, but venial if it be designed for general consumption.

We take it that the statute will have to go back to its framers for revision; and in the meantime skim-milk, without let or hindrance, will do its fearful work upon the defenseless people.

"O, Scotland, Scotland!

.....
O, nation miserable!"

Now let the western legislatures emulate that of New York by requiring dealers to sell oleomargarine under its own name.

Original.**NOTES IN SURGICAL PRACTICE.**

BY E. P. EASLEY, M.D.*

MR. PRESIDENT—I will briefly report several cases which have recently fallen under my observation. They are not unique, but somewhat rare.

In August of last year Mr. B., a German farmer, aged sixty-eight, in attempting to load a saw-log was thrown violently to the ground and caught between the log and wheel in such a manner as to dislocate the sternal end of the clavicle upward. While an assistant held it in place I molded a cast of plaster of paris over it, and secured it with a figure-of-eight bandage. The right femur was dislocated also. He made a good recovery.

Less fortunate was the old colored man who extricated him from his dangerous situation. In making violent efforts to lift the log he ruptured his bladder, and died in a few days, so Dr. Burney informs me.

In February, 1880, Mr. G., German, aged sixty-three, fell a distance of fifteen feet, striking upon the pavement, fracturing the right olecranon and receiving other serious injuries. Drs. Bowman, Cannon, and myself attended him. The plaster-of-paris dressing was used, and opened on the seventh day, and gentle passive motion made daily thereafter till osseous union was complete. His right femur was broken through the neck at at the same time, which was also treated by the plaster-of-paris bandage.

Last January Mr. F., aged seventy-three, fell down a flight of stairs and fractured the neck of the scapula. I assisted Dr. Bowman in applying an apparatus to keep the fragments in apposition. This consisted of broad strips of stout adhesive plaster passed round the elbow, up the arm, and over the shoulder. The forearm was laid across the chest, and it and the arm firmly bound to the trunk by a broad roller. The functions of the shoulder-joint promise to be as good as they ever were.

On the 3d of March last I saw, with Dr. Stalker, of New Providence, and Dr. Bright, of Martinsburg, Mr. Fischer, who had sustained a severe fracture of the bones of the face. He was engaged in cutting spokes with a circular saw, when a hickory stick an inch and a half thick, six inches wide, and

thirty inches in length, caught on the teeth of the saw and was hurled with great force against his face, crushing the bones of the nose, completely detaching the superior maxillary, and exposing the cavity of the antrum upon both sides. Drs. B. and S. removed the fragments of bone from the nose, trimmed off the shreds of mucous membrane from the palate and malar bones, brought the soft parts together, and secured them with sutures and adhesive plaster. He made a rapid recovery, but with occlusion of the nasal passages and left lachrymal duct. The sense of smell is destroyed. His deformity is considerable. The upper lip falls into the mouth. The bony structure is entirely destroyed.

In 1879 Mr. A., aged twenty, had inflammation and suppuration of thyroid gland. I cut down to and removed it. Suppuration continued for some time, exposing the trachea and sheaths of the common carotids. The wound finally healed, leaving a large depression just above the sternum. The rings of the trachea can be felt covered only by the skin. The pulsations of the carotids are plainly visible. A deep inspiration produces great retraction of the tissues of the neck in the inferior triangles.

Mr. W., aged thirty-two, in August, 1880, while packing glass, let fall a large empty box, which struck him upon the shoulder, knocking him to a sitting posture, and, continuing its force, slid down his back, denuding it of the cuticle from first dorsal vertebra to the sacrum. Paralysis of the right leg was instantaneous. Two hours later the left leg was paralyzed. Bladder and rectum were also paralyzed. An examination of the vertebral column exhibited neither fracture nor luxation. Diagnosis, compression of the cord in the lumbar region from hemorrhage, either extra-, intra-, or submeningeal, or possibly into the substance of the cord itself. There was no priapism nor girdle pains characteristic of injury in dorsal region. There was of course retention of urine, which was intensely ammoniacal. Shock was extremely marked, and some muscular spasm simulating opisthotonus. For several days his head could not be raised to a plane level with his body. He was given chloral at first to subdue pain and spasm and induce sleep; subsequently he took ergot, and later strychnine.

About two months after the injury Dr. Nutt began the application of electricity. He gave him about forty applications, twenty each of the faradic and constant currents. Soon after the accident he was placed upon

* Read before the Third (Ind.) District Medical Society, May 4, 1881.

a water-bed, which he still occupies. Notwithstanding this precaution to prevent bedsores, a large one eventually appeared over the sacrum, which was dressed with oakum, and is now healed. Present condition: general health good; sensation normal in left leg, and some motion; slight sensation and but little motion in right, which is an inch longer than the left leg; paralysis of bladder and rectum continue. Prognosis favorable as regards life, but unfavorable as to restoration of sensation and motion.

NEW ALBANY, IND.

A FOWL DEED.

BY F. A. SEYMOUR, M.D.*

Among the most beautiful and attractive of the wild mountain-flowers of California, the nightshade, whether in bloom or berry, stands prominent. Unfortunately for ranchmen, the chickens are passionately fond of the ripe berries, whose effects are uniformly fatal. Whether this indulgence is a violation of instinct, or a perversion of appetite, chickens have never revealed. The fruit is evidently eaten for the sake of the consequent exhilaration and intoxication; and like certain other bipeds, without feathers, not appreciating the fact that the safest moderation is total abstinence, the fowls fling themselves headlong into chicken hades for the sake of a few moments illusory delight. On getting a taste of the berry, or rather of its effects, the chicken begins to eat ravenously as if starved. It does not stop until the crop is stuffed to repletion. Soon the restless activity peculiar to the first stage of poisoning by the solanaceæ is manifest, the victim running hither and yon apparently without purpose. After a time its motions become tremulous and its gait unsteady. It squats on the ground and shortly falls forward on its breast—or rather, on its distended crop—and in that attitude, after a profound stupor more or less prolonged, it dies.

While down the coast last July, the guest of an intelligent Pennsylvania gentleman, the owner of a mountain-ranch, my attention was directed to these facts; and the following interesting case, corroborated by his wife, was related:

A valuable hen of fine stock had, on the sly, gone off on a belladonna spree. When discovered she was apparently *in articulo mortis*. The owner had sustained frequent losses from this fowl folly, and had used nu-

* Read before the Third (Ind.) District Medical Society by the secretary.

merous antidotes in vain. In this instance he decided upon an untried experiment. With the sharp blade of his pocket knife he laid open the crop in the mesial line and removed the entire contents. The existing stupor was so profound that no resistance was offered. With sewing-needle and thread he then inserted five or six interrupted sutures neatly closing the wound. Hemorrhage was barely noticeable. The bird was placed in a quiet corner convenient for observation. This was about noon. After an hour or two consciousness returned, soon followed by power of locomotion; and at the approach of night, unaided, she assumed her accustomed place on the perch. For a few days she was kept up and restricted to fluid food. A week subsequent to the operation it was discovered that the pouch leaked. On examination, the wound had healed by first intention, with the exception of a small space at the lower end, where the last stitch had pulled out. Another stitch was immediately inserted, the leak stopped, and the case went on to a rapid recovery, without suppuration and without Listerism. At the time of my visit the fowl was thriving, having brought off two broods since her double escape from the jaws of death.

I have made a memorandum of the above as an interesting case of restoration from belladonna-poisoning, and more especially as a remarkable piece of *lay* surgery performed upon a *hen*.

OAKLAND, CAL.

Correspondence.

DEATH FROM VAGINAL INJECTION.

Editors Louisville Medical News:

My attention being called to an article in the News of May 14th, 1881, written by J. A. Stucky, M.D., of Lexington, Ky., on the dangers attending the use of vaginal injections, has prompted me to report the following case:

April 30th was called to see Mrs. T., aged thirty-eight years, mother of three children, the last of which was born March 17th ult. in absence of medical attendance. Found her suffering with severe pain over the whole of the abdomen, tympanites, and great gastro-intestinal irritation, with diarrhea, thighs flexed on abdomen, pulse 135, breathing labored, pinched appearance of countenance, cold extremities, and surface of body bathed in a cool, clammy sweat. I learned that she

had not been getting along very well since her confinement, especially during the week previous to my first visit. Although she had been going around attending to her domestic duties, she had complained of flashes of heat and cold running over her occasionally, accompanied with a clammy sweat. Also some pains in pelvic region.

Upon further inquiry as to the cause of her present great suffering, I was informed that on the previous evening (April 29th), while stooping over a basin containing an infusion of oak-bark, and using an ordinary Davidson syringe, she was suddenly seized with violent pains and cramping in the lower part of her bowels; so much so indeed that she could not get to her bed without assistance. According to her statement she believed the nozzle of the syringe had entered the mouth of the womb. The parts were so much inflamed it was impracticable to make a satisfactory vaginal examination. However, I learned there was an incomplete laceration of the perineum resulting from her last confinement. I ordered morphine, bismuth, and digitalis per orem, mustard fomentations to the bowels, and discontinuance of the use of the syringe, believing the latter to be the immediate cause of her great suffering.

On the following day (May 1st) I found her with high fever (temperature 104°) and somewhat delirious. Gave her brom. sodium, aconite, and quinine.

May 3rd: Found her in a collapsed condition, in which she remained until the following day (May 4th), when death closed the scene.

This to my mind was a case of septic fever, with an attack of general peritonitis and metritis, precipitated by some of the injected fluid entering the uterine cavity.

TRUXTON, MO. J. M. LEMMON, M.D.

Reviews.

A Medico-Legal Treatise on Malpractice, Medical Evidence, and Insanity, COMPRISING THE ELEMENTS OF MEDICAL JURISPRUDENCE. By JNO. J. ELWELL, M.D., one of the editors of the new edition of Bower's Law Directory, etc. Fourth edition, revised and enlarged. New York: Baker, Voorhis & Co. 1881.

We greet this royal octavo of about six hundred pages, bound in legal calf, with the title stamped upon red leather, as a pleasing though unfamiliar form on a doctor's table. It is written by an M.D. who once practiced

medicine, and who now for many years has been a member of the Cleveland bar. The first edition, issued twenty years since, had a favorable run. Periodical revisions have supplied the original text with additions of the relevant medical and legal matters that have subsequently transpired.

Every doctor, but especially those so proficient in the branches of medicine as to be called on as experts, will meet in its covers with valuable data for use in every-day life. It is much more interesting to us than books of technical law, having a character of its own distinctly scientific, demonstrating the exceptional culture with which the author was equipped. Learned jurists have said that the full annotations and references bring it abreast with the latest decisions.

It is seldom that a work so widely esteemed, and with a character so solidly fixed, seeks a place on our shelves. A careful study of these interesting chapters upon the doctor's obligations and rights would without doubt make one a better practitioner of medicine, and perhaps some day save him from vexatious litigation if not positive legal penalties. The first half supplies the needed information on malpractice. The remainder deals with such subjects as abortion, medical evidence, insanity, poisons, infanticide, and coroner's inquests.

In a convenient and compact volume are embraced discussions upon the topics which above all others are most apt to come before the doctor in his legal relations as practitioner and witness. From every quarter all that has a practical and systematic bearing upon forensic medicine has been culled and set forth so pointedly and concisely as to receive universal praise.

Bartholow's Medical Electricity. With ninety-six illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. 8vo, pp. 256.

In some respects it was an auspicious day when Dr. Bartholow took to making books. An enormous store of reading was made available to the profession through the medium of a clear and concise style of writing. He has no superior in the art of compiling and presenting adequately, though briefly, the useful bits of knowledge scattered widely in medical libraries.

As a medical author he is any thing but critical, and takes as fish all that is caught in his net. It is not given to many of us to find reason in our experience for the confidence in the power of remedies which he

every where evinces. Ten years' faithful trial of electricity in many diseases will usually satisfy a doctor that its applications in practice are quite limited. A tyro would suppose from this treatise that the claims of "electropathists" are not exaggerated, and that it is a veritable cure-all. This appears to be a vice inherent in systematic works on therapeutics, but to some credulous minds it has the aspect of a virtue. The "electrical polyscope," for using secondary polarization currents in lighting and heating, is described, and the Toepler-Holtz machine for statical electricity is very favorably mentioned.

The Diseases of Children: A PRACTICAL AND SYSTEMATIC WORK FOR STUDENTS AND PRACTITIONERS. By WILLIAM H. DAY, M.D. Second edition, rewritten and much enlarged. Philadelphia: Presley Blakiston. 1881. Pp. 752.

A rough test in determining the point of advance of a book on practice is to turn to the section upon diseases of the nervous system. So much that is new and valuable needs to be incorporated in late editions, that was not known a lustrum ago, that if this part is well set forth we can safely count on the rest.

Considering the size of this volume, the part alluded to is quite full, and fails not to note the important discoveries of late years.

The classification is according to modern pathology, and the therapeutics dwelt upon at such length as to be the most prominent feature of the work. The author quotes at length and frequently from standard writers, and thereby shows his good sense. If he were to confine himself to recounting his own experience solely, the volume would have been much less useful, though it would still have been a desirable addition to medical literature.

Books and Pamphlets.

THE POPULAR SCIENCE MONTHLY, JUNE, 1881.

ON UNNECESSARY SURGICAL OPERATIONS IN THE TREATMENT OF DISEASES OF WOMEN. By Clifton E. Wing, M.D. Brochure from Boston Medical and Surgical Journal.

LOCOMOTOR ATAXIA DIFFERENTIATED FROM THE FUNCTIONAL CONDITIONS WHICH SIMULATE IT. By A. D. Rockwell, A.M., M.D. Reprint from the New York Medical Journal.

DIFFERENTIAL DIAGNOSIS OF FRACTURES AND DISLOCATIONS OF THE FEMUR AT THE HIP-JOINT. Tabulated by H. Aug. Wilson, M.D., of Philadelphia. Reprint.

Medical Societies.

SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION.

The Twentieth Semi-annual Session of the Southwestern Kentucky Medical Association convened at Paducah, Tuesday, May 17, 1881, with Dr. J. W. Singleton, of Paducah, president, and Dr. F. T. Davis recording secretary.

The following gentlemen were elected officers of the society for the ensuing twelve months:

President—Dr. A. B. Whayne, of Fulton.

Senior Vice-president—Dr. J. H. Norris, of Metropolis.

Junior Vice-president—Dr. J. J. Harris, of Dulaney.

Recording Secretary—Dr. Sam'l H. Singleton, of Barlow.

Corresponding Secretary—Dr. J. A. Maxwell, of Paducah.

Treasurer—Dr. D. A. Maxwell (reelected).

On call of standing committees, Dr. C. W. Miles, of Jordan Station, responded as chairman of Surgical Department with a strong and ably-written paper on Listerism. A warm discussion followed the reading of Dr. Miles's report, in which Drs. Thompson, Dismukes, Beeler, Wheelis, Brooks, and others took part.

Dr. J. J. Harris, of Dulaney, then came forward and read an ably-prepared account of a case which recently occurred in his practice. Dr. Harris was highly complimented upon his first effort in the association.

Dr. Jas. Hendley, of Farmington, obeyed the call for his report on Obstetrics, which was well written and finely read. His report was also discussed by several members present.

The selection of the place for the next meeting of the society in November, 1881, then came under consideration. After a spirited contest between the friends of Fulton and Columbus, and three or four ballots, the city of Columbus secured the coveted honor.

Dr. J. W. Singleton, the retiring president, delivered his address on various medical topics; namely, sanitation, quarantine, medical legislation, finances; an abstract of which we expect to publish soon.

Dr. C. M. Sebastian, of Martin, Tenn., read a paper on the Treatment of Typhoid Fever, which was very generally and favorably discussed, and finally referred to the Publishing Committee.

Resolutions of respect to the memory of the late Dr. Richard O. Cowling were introduced and passed, and likewise proceedings of a similar character in regard to Dr. Gid. W. Paschall, deceased.

Dr. R. T. Hocker followed with a volunteer report on Medical Ethics.

Dr. Wm. M. Wilson exhibited an interesting case of Talipes Equinus.

A discussion upon hydrate of chloral then came up, in which many members took part, including Dr. Lanning, of Evansville.

Dr. A. B. Whayne, with Dr. Norris in the chair, came next in order with an interesting report upon Puerperal Fever, which was extensively discussed.

The next meeting of the association will be held in Columbus, Ky., on the second Tuesday in November, 1881, at 7 o'clock, P.M.

Formulary.

COUGH-MIXTURE.

A correspondent of the Therapeutic Gazette recommends the following:

The following is a valuable combination in coughs, meeting as it does the indication in cough due to peripheral irritation and central irritability, and not attended with expectoration (dry cough):

R Acid. bromhyd.....	3 vj;	24.00 Gm.;
Morph. sulph.....	gr. iij;	00.19 "
Ext. grindel. robust.....	{ aa	3 j; 30.00 "
Ext. verb. sant., fluid.....	{ aa	3 j; 30.00 "
Syr. ipecac., q. s. ad.....	3 iv;	124.00 "
M. Sig.	A teaspoonful every three hours.	

When there is profuse expectoration, the following:

R Ammon. mur.....	{ aa	3 ij; 8.00 fl.Gm.;
Aqua, q. s. sol.....	{ aa	3 ij; 8.00 fl.Gm.;
Tinct. opii camph.....	{ aa	3 ss; 15.00 "
Ext. verb. sant., fluid.....	{ aa	3 ss; 15.00 "
Syr. senegae.....	{ aa	3 j; 30.00 "
Ext. glycyrrhiz., fluid.....	{ aa	3 j; 30.00 "
Glycerin, q. s. ad.....	3 vj;	186.00 "
M. Sig.	A tablespoonful every three hours.	

SNUFF AS A MEDICINE.

Dr. Murray, of Newcastle, who has paid a good deal of attention to the subject, states that he has never known a snuff-taker die of consumption. He gives the following formulæ for snuffs applicable to various complaints:

Snuff for Colds and Consumption:

Virginia leaf, stemmed....	3 x;	300.00 Gm.;
Ohio leaf, stemmed.....	3 iij;	90.00 "
Havana leaf, stemmed.....	3 ij;	60.00 "
Bells of lily of the valley, 1/2;	15.00 "	
Mignonette flowers.....	3 1/2;	15.00 "

Triturate together, by degrees, in a rosewood mortar with a pestle of sassafras wood, and pass the mixture through a pinhole sieve. The tobacco should be well mellowed by years of keeping, in mass, and the flowers plucked in their prime, carefully dried, and not too long kept. When the flowers of the lily of the valley can not be had, twenty or thirty drops of oil of lavender might be used instead. To be taken at discretion.

Errhine for Colds, Catarrh, etc.:

Yellow Maryland tobacco..	3 xij;	360.00 Gm.;
Pellitory-root.....	3 ii 1/4;	82.00 "
Euphorbium, powdered....	3 1/4;	8.00 "

Crush the pellitory-root, then grind it and the tobacco to a fine powder, screen it through a hair sieve, and add the euphorbium. One pinch night and morning.

This is good for torpid liver, headache, sudden loss of hearing from cold, stuffing of nose, certain eye affections, and spasms of the air passages.

Sternutatory for Influenza, etc.:

Virginia or Connecticut leaf..	3 x;	40.00 Gm.;
Bells of lily of the valley....	3 iv;	16.00 "
Powdered white hellebore....	3 ij;	8.00 "

Grind the two first substances in a mortar of camphor wood and add the white hellebore. This snuff is too strong for ordinary use. It is recommended in influenza, cholera, to excite respiration in the nearly drowned, in fainting patients, or to expel foreign bodies from the nose or windpipe.—*Druggists Circular.*

SCLEROTINIC ACID HYPODERMICALLY IN UTERINE FIBROIDS.

Prof. Sotschaw, of Charkow, injects twice daily two or three syringefuls of a five-per-cent solution of sclerotic acid, hypodermically, for uterine fibroids. In two hours after administration in this manner the uterus begins to contract. A fresh solution must be prepared for each injection. The professor has employed this method of treatment for a year without any untoward results.—*London Practitioner.*

Pharmaceutical.

MALTINE.—In the last five years, owing to the enterprise of manufacturing pharmacists, a great many candidates for admission into the *materia medica* have been brought before the profession. Among those that deserve the high favor they have received must be put the group of preparations which have malted grain as their base.

The diseases of modern life are characterized mainly by debility and wasting, and call for all the appliances of "restorative medicine" to check the downward tendency. The simple meat-extracts have had their day, and are seldom seen away from the bedside; but maltine and its peptonized compounds not only "hold their own," but appear to increase in popularity. The theoretical assumption that rich partly-digested amylaceous food, joined to its digesting ferment, would have the power of forcing the constructive activities of the body has really met with practical fulfillment. The use of malted extracts rests now upon the secure basis of experience, while it illustrates the value in therapeutics of correct scientific deductions.

Mention must be made of the elegant appearance and agreeable flavor which make maltine so eminently satisfactory as a vehicle for remedies of the same therapeutic class. Its consistency is just the thing for an emulsion of cod-liver oil; its flavor suited to mask the salty taste of the alteratives.

When rectal feeding has been determined upon, no more efficient nor eligible compound could be discovered than maltine with peptones.

IODIA.—In iodia may be found the active principles (obtained from the green roots)

of stillingia, helonias, saxifraga, and menispermum with aromatics, into which have been introduced iodide of potassium, and phosphate of iron in such quantities that each fluid dram of the preparation shall contain five grains of the former and three grains of the latter.

If Messrs. Battle & Co. had stopped with the vegetable constituents of this preparation, they would certainly have had a useful medicine; but now that they have been able to make these serve as a vehicle for the exhibition of such sterling therapeutic agents as potassium iodide and ferri phosphate, they may be congratulated upon having constructed an alterative of peculiar power and wide range of application.

Received with favor from the first, and subsequently tested and proved, iodia has become with the profession a favorite remedy in the treatment of syphilis, scrofula, and many other cachexiae.

Celerina is the new nerve-tonic brought to the notice of the profession by J. C. Richardson, chemist, St. Louis, Mo. It is doing good service in the treatment of nervous debility. As illustrative of its efficiency in restoring impaired nerve-power, we quote the following from the Medical Brief:

IMPOTENCY — NOCTURNAL EMISSIONS. — I am charmed with the effects of celerina (Richardson, St. Louis) in nervous and sexual debility. I have treated several cases of impotency, that have sorely tried my patience, with complete success under the use of celerina, in teaspoonful doses, four times a day. I can say from experience that the following combination will give perfect satisfaction in the treatment of nocturnal emissions:

R. Celerina 3 ij;
Bromidia 3 j.

M. Sig. One teaspoonful three times a day in water or syrup.

This will stop the emissions, strengthen the sexual organs, and build up the nervous system at the same time.

GEO. WEAVER, M.D.

DOES CALOMEL EVER CHANGE TO CORROSION SUBLIMATE IN MEDICINAL MIXTURES? This much-discussed question has been the subject of the prize-query of the Meurer-Fund (Germany) for the year 1879-80. A translation of the query is the following: "On the changes which calomel undergoes after some time, if it has been triturated with sugar, milk-sugar, gum-arabic, powdered licorice-root, powdered marshmallow-root, or powdered aloes, or if it has been made into pills with the same substances." The prize for the best solution was awarded to Paul

Merres, an apprentice of Mr. O. Schade, in Sommerfeld. The results were *all negative*, and were confirmed by control analyses of mixtures containing $\frac{1}{2000}$ of mercuric salt, in which latter both hydro-sulphuric acid and copper still distinctly proved the presence of mercury while they failed to do so in the former.—*New Remedies.*

Miscellany.

PILOCARPIN AN ANTIDOTE FOR BELLADONNA. — Dr. Nicholas Grattan, L.R.C.P.Ed., reports, in the British Med. Journal, a case of belladonna-poisoning which he relieved with pilocarpin. The patient, a woman, forty-two years of age, drank by mistake a wineglassful (eighteen drams) of belladonna liniment. Discovering her mistake, she took two teaspoonsfuls of mustard, in water, but with no effect. She afterward swallowed an emetic obtained from a neighboring drugstore, but soon grew dizzy, had dimness of vision, lost power of speech, became excited, had convulsions, vomited slightly, and then lapsed into profound stupor.

An hour and forty-five minutes from the time of the swallowing of the poison elapsed before the doctor saw her. At this time her pupils were widely dilated and insensible to light; the face was swollen and of a bluish color; the lower lip tumefied, its mucous membrane apparently blistered; the pulse imperceptible in one wrist, almost so in the other; and the respirations twenty-five per minute.

After trying the usual restoratives—viz. washing out the stomach, cold affusions, flagellation with a wet towel over the heart—and seeing no improvement in the case, Dr. Grattan resorted to pilocarpin, giving it hypodermically in doses of one fifth of a grain every fifteen minutes. After the third dose there was decided improvement. Consciousness returned, the countenance began to assume a more natural appearance, the pulse grew distinct, and she was able to raise her hands. In forty-five minutes from the time of the first dose a fourth was given, when both pupils became sensible to the influence of light. The patient then drank a cupful of tea and milk, and was able to speak. After this she had a refreshing sleep, on waking from which she did not remember that any thing unusual had happened. Some dizziness was complained of for two days subsequently, which was relieved by

half-dram doses of laudanum nightly, and on the third day the patient was discharged completely cured.

SMALLPOX.—From the recent report of Health-officer Montgomery relative to smallpox in Louisville (*Courier-Journal*) we learn that in February two cases of smallpox were reported and admitted to the Louisville Eruptive Hospital. In April fourteen cases, three of which were fatal. In May nineteen cases, with two deaths; six of these occurred in the marine service. Between the dates April 1st and June 1st thirteen smallpox patients were treated at their homes; of these four were fatal. Eight cases have been found since June 1st. One of these only would consent to go to the hospital. The disease appears to have sprung up among, and so far with the exception of three cases has been confined to, the colored people.

Dr. Montgomery states that the death-rate among patients sent to the hospital has been but one in seven cases, while among those who have been treated at their homes one to every three and a half has proved fatal.

The colored people to whom at present the disease is confined are indifferent as to consequences, and go in and out among their neighbors regardless of the smallpox flags, which should warn them to keep away from houses containing the disease; and in view of this the health-officer gives the timely warning that nothing short of general vaccination, rigidly applied, will prevent a wide dissemination of the disease.

FUNERALS AND THE DISSEMINATION OF INFECTIOUS DISEASE.—The Board of Health of New York has passed the following useful but somewhat stringent regulation: "There shall not be a public or church funeral of any person who has died of smallpox, diphtheria, scarlet fever, yellow fever, typhus fever, or Asiatic cholera; but the funerals of such persons shall be private. And it shall not be lawful to invite or permit at the funeral of any person who has died of any of the above diseases, or of any contagious or pestilential disease, or at any of the services connected therewith, any person whose attendance is not necessary, or to whom there is danger of contagion thereby." Violation of the ordinance will be a misdemeanor, punishable by a fine of two hundred and fifty dollars. Our American cousins are certainly far in advance of us in their dealings with infectious disease. We have not yet arrived at the stage of prohibiting "wakes"

in cases of death from undoubted infectious disease, with the disastrous results more than once recorded in these columns. We doubt the possibility of passing or enforcing such a regulation as the one we have quoted in this country. It would be held to interfere too much with the liberty of the subject—to engender and disseminate disease.—*Brit. Med. Journal.*

THE LATE SENATOR CARPENTER AND THE COLON.—The bright, mirthful soul of Carpenter was not overawed even by the shadow of death. The evening before he died he suffered excruciating pain, and in his agony wanted an explanation of the cause. "The pain is caused, Senator," replied a physician, "by a stoppage of the colon." "Stoppage of the colon, eh?"—and again the sense of humor overcame pain itself—"Well, then, of course it is n't a full stop."—*Medical Record.*

THE CENSORS OF THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—The censors of the Medical Society of the County of New York have evidence against a number of unqualified doctors, and are prosecuting two persons before court now. Well begun is half done. A few convictions will have a very wholesome effect on the entire body of outlaws.

RELIEF OF THE PAIN OF CANCER.—M. Angen (*Union Med.*) prescribes a lotion of one part of sulphate of atropia to one thousand parts of distilled water. Compresses wetted with this solution are applied to the painful part and covered with oiled silk or gutta-percha, renewing them three or four times daily. They give material relief to pain without causing symptoms of absorption, such as dilatation of pupils or dryness of throat. The action seems to be entirely local, consisting in contraction of the vessels with diminution of sensibility.—*Med. Times and Gazette.*

FORGOTTEN BY DEATH.—Old Prof. Chevreul, aged ninety-five, has just completed that course of forty lectures on Chemistry for which he was so widely advertised a few weeks ago. As his father lived to be one hundred and five, the old gentleman may yet lecture the century out.—*Phila. Med. Times.*

THE UNIVERSITY OF PENNSYLVANIA.—The University of Pennsylvania will no longer have the teachings of the venerable Alfred Stillé. He has lately resigned his chair in the medical faculty.

RESECTION OF THE PYLORUS.—Another case has to be added to the list. On April 8th, Dr. Wölfler, assistant to Professor Billroth, performed resection of a cancerous pylorus on a man aged fifty-two. The case was regarded as favorable for the proceeding on account of the mobility of the tumor, which was apparently about the size of a hen's egg. The operation, which lasted two hours, was not followed by fever nor by vomiting, and the patient was able to take fluid food two days later. On the tenth day he ate, with good appetite, a veal-steak; and a fortnight after the operation was in a most satisfactory condition. The wound in the abdominal wall had healed by first intention, and without any constitutional disturbance.—*British Med. Journal.*

OVER A THOUSAND DEATHS FROM SMALLPOX.—During the last week one hundred and forty-six cases of smallpox were reported in Philadelphia, of which thirty-five were fatal. Since November last there have been very nearly five thousand cases of smallpox in the city, of which over one thousand, or one in five, died.—*Med. and Surg. Reporter, May 21, 1881.*

COLOR-BLIND RAILWAY OFFICIALS.—An examination of railway employees in Brussels has disclosed the fact that five per cent were color-blind, more or less, and in accordance with the rules they have been removed from posts in which the ability to distinguish colors is of importance. This country is much behind others in the matter of such examination, and this may in some degree account for the frequency of railway accidents, and for errors in reading the signals and managing the points, otherwise unaccountable.—*British Med. Journal.*

NO YELLOW FEVER THIS YEAR.—The officers of the National Board of Health and the Marine Hospital Service have been examining the reports received by them from all points where yellow fever is likely to originate or occur. The reports all inspire the board with confidence that there will not be any yellow fever in the United States this year.

A CONSULTATION.—From London Med. Gazette:

A single doctor like a sculler plies;
The patient lingers and by inches dies;
But two physicians, like a pair of oars,
Waft him with swiftness to the Stygian shores.

Selections.

Tropical Diarrhea.—From the Lettsomian Lecture of Sir Joseph Fayrer, K.C.S.I., M.D., etc. (Brit. Med. Journal):

Definition. The definition that may be given of diarrhea is, a discharge of fluid or semi-fluid excreta, serum, mucus, secretions, and the natural contents of the bowels. Though unattended, as a general rule, with tenesmus or much griping, there are increased peristaltic action and secretion, and the hurrying on of fluid naturally secreted but not reabsorbed. The causes are, irritation of various kinds—certain articles of food, drink, drugs, poisons, acrid secretions; mental emotions; sudden exposure to extreme heat or cold; morbid conditions of the mucous and follicular structures of the intestines, consequent on the continued operation of the above-named or other causes; diseases, such as typhoid, dysentery, cholera, hepatic disease, and others; miasmata of decomposing organic matter, alcohol, malarial poisoning, cachexia, or a state of general debility and tissue-degeneration of a fatty or lardaceous character, involving the intestinal tube with other tissues in general atrophy.

Etiology. In considering the causes of tropical diarrhea, we must refer to those already mentioned as giving rise to dysentery; for it is difficult to draw any line of distinction between the diseases, and, where official returns are obscure in this respect it may no doubt be ascribed to the uncertainty of diagnosis. So much is this the case that in the general civil returns dysentery and diarrhea are not separated. Diarrhea is a symptom of disease rather than a disease itself. It may depend on several causes: 1. On an effort to relieve the intestine of offending ingesta, whether of food, drink, drugs, poisons, entozoa, acrid secretions, or the like. 2. On hepatic, splenic disease, or derangement of these functions, and portal congestion; on structural or functional disturbance in the abdominal viscera; changes in the mucous membrane and follicles of the intestines. 3. On a condition of general disease (when it is eliminative of morbid matter in the blood), as in septicemia, renal disease, gout, fevers, dysentery, typhoid, cholera, tuberculosis, cancer, scurvy, anemia. 4. On the reabsorption into the blood of excretions and secretions, the suppression of natural discharges (when it is vicarious). 5. On exposure to malarial and climatic influences, miasmata of various kinds, especially of decomposing fetid organic matters, foul air and gases, alcoholic intemperance, sudden alternations of heat and cold, of dry or moist air. 6. On mental emotions, such as fear, anxiety, anticipation (when it is reflex). 7. And it may be the result of degeneration and atrophy of the tissues generally, but of the bowel in particular, as a consequence of starvation or of malarial cachexia (when it is wasting and chronic).

Symptomatology. One of the most troublesome, tedious, and often dangerous forms of diarrhea, often intractable and obstinate in character as it is exhausting in its effects. Though generally seen in those who have spent many years in hot climates, it occasionally occurs in others who have been there but a short time. It is known as "diarrhea alba," or white flux—so called from the gray, whitish, light or clay-colored evacuations, which are frequent, copious, fluid, or semi-fluid, often frothy, and occasionally lienteric, especially after any indiscretion in diet; or mixed with mucous tinged with blood, when any fresh source of

enteric irritation or congestion may have been induced. The appearance of persons suffering from this disease is characteristic. They are pale and emaciated, with loose, dry, flaccid, flabby skin, which in later stages becomes discolored, as in chloasma or Addison's disease. The fat disappears; the eyes are pearly; the lips and conjunctiva are blanched; the tongue is dry and smooth, and in advanced stages it appears contracted and shrunk; its papillæ are obliterated; the surface is red, glazed, and dry; at times its edges are excoriated, and the buccal mucous membrane becomes the seat of aphthous spots or epithelial proliferation, and so tender and sensitive as to be intolerant of wine or any substance or fluid in the least pungent or stimulating. The earlier phases are often characterized by some evidence of malarious poisoning, such as fever, neuralgia, or myalgia. Distention of the abdomen, especially after food; dyspepsia; irritability of the bowels, which are provoked by any thing taken into the stomach to expel their contents; general languor and debility, mental and physical—all increase until all exertion is difficult and distasteful. As the diarrhea gradually increases, these symptoms may to a certain extent be mitigated, and the patient think himself better; but, as it insidiously progresses, the strength fails, and sooner or later he feels himself compelled to give up work, and seek recovery in change of climate. There is at last extreme anemia; dropical effusions take place in the areolar tissue of the lower extremities. . . .

Treatment. The commencement of chronic diarrhea is often insidious, and the disease gains ground before radical measures are resorted to for its removal. In the cases that come under notice at home the most essential step toward recovery has been taken by returning to Europe; but there remains much to be done to further the improvement, which may probably have advanced considerably during the sea-voyage. The successful treatment of chronic diarrhea depends very much on the patient's resolution and perseverance in carrying out the instructions he receives. Diet is the most important element in it, and this must be strictly regulated. All irritating or indigestible and solid food must be at first entirely prohibited, and only that most easily assimilated allowed. Milk, alone or better diluted with about one fourth or one third part of lime-water, given in small quantities and at frequent intervals—say a wineglassful or small tumblersful every second or third hour, in some cases more frequently—will generally be found to answer, and may be continued for a long time, to the exclusion of all other food, with great advantage. Milk undiluted will not always agree, as may be seen by its causing irritation, frequent purgation, and the passage of undigested caseine. But it is quite sufficient for all purposes of nutrition; and by the time the patient finds that he is taking three or four quarts a day, he will have realized that he obtains from it all that is needed to support health and strength. At first he may lose weight, but soon regains and increases it. Beef tea, raw beef juice, or other plain animal broth, free from extraneous matters; a raw egg beaten up with milk, to which a teaspoonful of brandy may be added, will sometimes be tolerated. Arrowroot, tapioca, or other plain farinaceous food, will sometimes, but not always, answer—certainly not at first. Tea and coffee, as a general rule, disagree, and should be avoided. Stimulants, especially for those who have long been habituated to their use, may be needed. The best are a little whisky or brandy diluted with Vals or Vichy or potash-water; but these should be laid aside if

they increase the action of the bowels. A little good port wine may be tried, but as a general rule I find all wines unsuitable. Regularity in the times of administration and in the quantity of nourishment given is most essential. The greatest care should be taken not to give too much of any thing at a time, and at once to discontinue whatever appears to disagree.—*British Med. Journal.*

Use of Pessaries.—The Section on Obstetrics and Diseases of Women (A. M. A.) received some very practical and useful directions relative to the use of pessaries, by Dr. Paul F. Mundé, of New York. (Condensed from Virginia Med. Monthly):

Be sure to diagnose the nature and degree of displacement before using a pessary.

Replace the uterus. It is well to do this repeatedly, every day or twice daily, for several days before using the pessary. The objects for so doing are two: To distend and toughen the vaginal pouch (which may be done by means of a cotton tampon), and to relax the over-stretched uterine ligaments.

Never insert a pessary if there be acute or recent inflammation of the uterus or adnexa; or when pressure on the part where the pessary is to rest gives decided pain.

When the uterus is not replaceable because of adhesions which bind the fundus down, use great caution and discrimination in deciding whether the fundus is to be elevated by manual and instrumental means or gradually by use of a pessary (this applies only to retro- and latero-versions). If neither is advisable, try to induce resolution of the adhesions by local, alterative, and absorbent measures before using the pessary.

Choose an indestructible instrument. This does not apply to prolapsus uteri.

No two vaginas are exactly alike. Choose a pessary for, and adjust it to, each particular case.

If the vaginal pouch is too shallow to receive a pessary, deepen it by daily tamponing with cotton or by the upward pressure of a Cutter or Thomas vagina-abdominal supporter previous to using the pessary.

Never leave a pessary in the vagina which puts the walls to a stretch, and which does not permit the finger to pass between it and the wall of vagina (does not apply to prolapsus uteri).

A pessary which projects from the vulva is displaced.

A well-fitting pessary is a source of comfort and gives no pain. Giving pain, it should be at once removed.

Always examine a patient on her feet after introducing a pessary to ascertain if it be competent to sustain the uterus during walking, etc.

Always tell a patient that she has a pessary in her vagina when you have put one there, or she may, unconscious of its presence, allow it to remain for years to her ultimate discomfort and danger. Always tell the patient to return within a week after the first introduction that the position and working of the pessary may be looked after. After this let her return every four to eight weeks, or the instrument, if not looked to, may cause ulceration. The patient will have to wear the pessary for months or perhaps years before recovery can be expected. Never introduce a pessary which the patient can not herself remove, and tell her to remove it whenever it causes pain and present herself at once for examination.

Vaginal injections daily should be used for cleansing purposes; if the discharge be profuse, add astringents, if saious or purulent, let her come to you at once, as the instrument has probably caused ulceration.

On removing the instrument let the patient test the result of its use. It will take several days, or weeks, to determine the benefit obtained.

Relieve downward pressure by a proper support of the skirts; and in anterior displacements aid the internal supporter by a supra-pubic pad.

All pessaries may be introduced in the knee-chest position when it is desirable or possible to replace the uterus only in that position.

A Simms speculum elevates the perineum, air enters and expands the vagina, the pessary is introduced by touch and sight, and the patient laid over on her left side.

For aggravated retroversion and prolapsus of ovaries or uterus this has many advantages over the left semiprone decubitus. It must be remembered however that here the position of the patient is reversed, and that the pessary must be introduced accordingly.

Trichinæ in the Holy Land.—From St. Louis Courier of Medicine:

Biblical scholars will rejoice to find a sound scientific basis for the ancient Jewish prohibition of swine's flesh: There exist trichinæ in the Valley of Jordan! Certainly hygiene was honored and obeyed under the Mosaic laws. No one familiar with sanitary science can refrain from admiring the simple and practical regulations imposed upon Israel by its great prophet and leader. To the ignorant many of them seem arbitrary and savoring of priestly meddlesomeness, but the physician will always esteem Moses as one versed in the medical art, and his sanitary rules as in the highest degree rational and necessary. It would be an extremely interesting discovery to make, that in those early times trichinosis had been actually observed and its connection with swine's flesh noted. Possibly some mummy of Pharaoh may yet give us a papyrus setting forth in his obituary the danger of feasting upon bologna or of being too rash in attacking the savory bacon.

Dr. John Wortabet, at Beyrouth, sends a letter to Prof. Virchow (appearing in the Archives, March 7, 1881) describing an epidemic of trichinosis that occurred in the neighborhood of the source of the River Jordan. A wild boar, in fine condition, was shot in that region November 25, 1880, and his flesh eaten by a number of the inhabitants of a neighboring village. Some was eaten raw, a portion only partially cooked. All these persons were infected. The boar's head was sent as a gift to a family elsewhere resident. This part was cooked three times before eaten, and although enjoyed by a number, none were affected. Those infected exhibited in the third to the fifth weeks, as chief symptoms, edema of the face and extremities, excessive muscular pain, more or less fever, and great itching over the whole body. Every movement was painful. Convalescence from the fifth week on was slow and accompanied with muscular pain, swellings, and great debility. In some cases there was decided relapse. On Dr. W.—'s arrival upon the scene—January 1, 1881—most of the sick had left their beds; some few were still very unwell. There were two hundred and sixty-two persons affected—men, women, and children. Six died. A bit from the biceps of the arm exhibited a great number of

trichinæ. The disease appeared in the most cases two weeks after eating of the flesh.

The wild hog is common in the designated region, and lives, as do his less interesting kindred in other lands, in the swamps, feeding upon the roots of the papyrus and such small game as may be captured, notably the wild rat, which Dr. W.—thinks sometimes to harbor trichinæ. Trichine have been found, *horribile dictu*, in the wild hog of Germany; hence, as Virchow comments, it is not a matter for surprise that his biblical relation should boast of the same deadly inhabitants. Now it will be apparent that the American hog can plead notable and ancient precedent for the late unpleasantness. French and German agitators take note.

Pilocarpin in the Treatment of Puerperal Convulsions.—Although it would be unwise to draw conclusions from the results of treatment in a single case, I venture to send notes of a case of puerperal convulsions treated by the hypodermic injection of pilocarpin, as it may be some time before I have the opportunity of again trying this remedy in a similar case.

M. E., aged twenty-two, domestic servant, a primipara, and previously healthy, was suddenly seized with convulsions. When seen by me she was in violent general convulsions, which had continued for two hours. On examination I found her to be in the sixth or seventh month of pregnancy, the os rigid and undilatable, and the urine loaded with albumen. The convulsions continuing, and it being impossible to give any thing by the mouth, I injected hypodermically six hours from her seizure, fifteen minimis of a two-per-cent solution of pilocarpin. This was followed in about two minutes by very profuse salivation and perspiration; the convulsions ceased; strong uterine contractions soon became evident. After an interval of about an hour she had seven fits in quick succession. Mr. Taylor then saw the patient with me, and with his concurrence I gave, two hours after the first, a second injection of pilocarpin. The salivation following this was so copious as to threaten suffocation; and, although the convulsions became weaker and less frequent, the breathing was so much embarrassed as to make the patient's recovery almost hopeless. Pains, however, became stronger and more frequent, the fetus being expelled ten hours after the last injection. The woman remained unconscious for two days, and then recovered rapidly.

In puerperal convulsions I have found the best treatment to be dilatation of the os uteri, with or without chloroform, and speedy delivery; but in the foregoing case, one of the worst I have ever seen, the convulsions seemed to be so much controlled by the pilocarpin that I shall certainly use it again in such cases. I may also say that I have used jaborandi with very good results in cases of Bright's disease and spasmodic asthma.—A. Hamilton, F.R.C.S. Ed., in British Med. Journal.

Hooping-cough.—This affection has been successfully treated by Dr. Baréty, of Nice, with turpentine vapor. By accident a child severely affected was allowed to sleep in a room recently painted and redolent with turpentine odor, when noticeable improvement took place. Dr. B. has since employed this drug, placed in plates and allowed to stand in the rooms occupied by hooping-cough patients. He holds that the disease is mitigated and its duration lessened by this simple expedient.—Canada Lancet.